



## Motor Vehicle Division

96-0118 R06/15 azdot.gov

Motor Vehicle Division  
PO Box 2100  
Phoenix AZ 85001-2100

## THIRD PARTY INDIVIDUAL CERTIFICATION APPLICATION

- Print or type
- Answer all questions
- If not applicable, enter "NA"
- If additional space is needed, attach separate sheet

Application is hereby made for certification to engage in the following Third Party activities:

Application Processor <input type="checkbox"/> Title and Registration <input type="checkbox"/> Driver License* <input type="checkbox"/> TransPort System (permits) <input type="checkbox"/> Other (specify):		Vehicle Inspector <input type="checkbox"/> Level I only <input type="checkbox"/> Level I plus Abandoned Vehicles		Driver License Training <input type="checkbox"/> Operator (Class D/G) <input type="checkbox"/> Motorcycle <input type="checkbox"/> Special Performance Evaluation <input type="checkbox"/> Other (specify):	
Driver License Examiner* ( <i>For MVD ATP Facilities Only</i> ) <input type="checkbox"/> Motorcycle Written Test <input type="checkbox"/> Motorcycle Road Test <input type="checkbox"/> Operator Written Test (Class D/G) <input type="checkbox"/> Operator Road Test					
Commercial Driver License Examiner* Skills Test (Indicate the license class. Class A = A, B and C; B = B and C; C = C only): <input type="checkbox"/> Truck ____ <input type="checkbox"/> Coach-Transit Bus ____ <input type="checkbox"/> School Bus ____ <input type="checkbox"/> Responsible Party (Certified Individual) ____					
Applicant Name (first, middle, last, suffix)					
Additional Names/AKA's (maiden, prior name, nickname, professional name, other)				Email address	
Residence Address			City	State	Zip
Mailing Address (if different from above)			City	State	Zip
Daytime Telephone ( )	Date of Birth	AZ Driver License Number	Class	Endorsements	Expiration Date

\* Must have valid Arizona driver license

1. If applying for Commercial Driver License Examiner, indicate the number of years that you have held the license Class and Endorsements for which you are seeking certification.

Number of Years

2. ☐ Yes ☐ No Have you ever been employed by the Arizona Department of Transportation/Motor Vehicle Division (ADOT/MVD)? If Yes, please complete the following, beginning with the most recent.

Manager/Supervisor Name	Office Location	Dates Employed
Reason For Leaving		
Manager/Supervisor Name	Office Location	Dates Employed
Reason For Leaving		
Manager/Supervisor Name	Office Location	Dates Employed
Reason For Leaving		

3. ☐ Yes ☐ No Have you ever been employed by an ADOT/MVD Authorized Third Party, professional driving school or traffic survival school? If Yes, please attach details on separate sheet.

3a. Please indicate all activities for which you were certified or licensed:

Application Processor <input type="checkbox"/> Title and Registration <input type="checkbox"/> Driver License <input type="checkbox"/> TransPort System (permits) <input type="checkbox"/> Other (specify):	Driver License Instructor/Trainer <input type="checkbox"/> Operator (Class D/G) <input type="checkbox"/> Motorcycle <input type="checkbox"/> Special Performance Evaluation <input type="checkbox"/> Other (specify):	Vehicle Inspector <input type="checkbox"/> Level I only <input type="checkbox"/> Level I plus Abandoned Vehicles
	Driving Instructor/Trainer <input type="checkbox"/> Professional Driving School <input type="checkbox"/> Traffic Survival School <input type="checkbox"/> Other (specify):	

Driver License Examiner (*For MVD ATP Facilities Only*)

☐ Motorcycle Written Test    ☐ Motorcycle Road Test    ☐ Operator Written Test (Class D/G)    ☐ Operator Road Test

Commercial Driver License Examiner

Skills Test (Indicate the license class. Class A = A, B and C; B = B and C; C = C only):

☐ Truck    ☐ Coach-Transit Bus    ☐ School Bus

4. ☐ Yes ☐ No Have any of the certifications or licenses listed in #3a ever been denied, canceled or suspended? If Yes,

Explain

5. ☐ Yes ☐ No Have your driving privileges ever been suspended, revoked, canceled, disqualified or denied? If Yes, explain.

Explain

6. ☐ Yes ☐ No Have you been convicted of fraud or an auto-related felony in any state, territory or possession of the U.S. or any foreign country in the last 10 years?

7. ☐ Yes ☐ No Have you been convicted of any other felony in any state, territory or possession of the U.S. or any foreign country in the last 5 years?

8. ☐ Yes ☐ No Do you have any pending charges/cases/investigations awaiting disposition?

9. ☐ Yes ☐ No Within the last 39 months, have you received a conviction related to driving under the influence of drugs or alcohol, reckless driving, aggressive driving, racing on a highway or leaving the scene of an accident?

If Yes to question 6, 7, 8 or 9, explain.

Explain

**Additional information may be required following the review of this application.**

If applying for any Third Party Driver License certification, you must submit with this application, your Motor Vehicle Record(s) (MVR) covering the last 39 months. The MVR must be dated within 30 days of the date of this application.

I hereby release my MVR to ADOT/MVD for verification of my qualification as a Third Party Certified Individual.

I certify that the information contained on this application is true and correct and that I will comply with all applicable statutes, rules and authorization agreement terms and conditions governing Third Party activities. I understand that any misrepresentation or misstatement in the application may cause the application to be denied.

Applicant Signature

Date

I hereby request certification for the above applicant. I hold ADOT/MVD, its employees and agents harmless from any and all liability.

Authorized Third Party Name

Phone

(      )

Representative Name

Representative Signature

Date

**The following portions of A.R.S. § 41-1030 are provided for your reference:**

- B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorized the requirement or condition.
- D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in action against the state for a violation of this section.
- E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.
- F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.